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EGYPT.

Cholera in Egypt.

1401 WALNUT STREET, PHILADELPHIA, PA.,

September 7, 1896.

SIR: I have the honor to inclose herewith a report on "Cholera in Egypt," by Dr. James F. Love, a citizen and former resident of Philadelphia. Being an old classmate of mine and in frequent correspondence with Dr. Love, he sent this matter to me with the request to forward it to you for publication in your public health report.

I have the honor to remain, very truly, yours,

EDWARD BEDLOE.

"ALEXANDRIA, EGYPT, ———, 1896.

"SIR: The present epidemic of cholera in Egypt emphasizes the importance which attaches to international sanitation and the geography of disease.

"The cutting of the Suez Canal, when viewed from some of its effects, is not an unmixed blessing. Restoring to Egypt the position lost to her for 300 years, that of the key to the Orient, it has so altered the currents of commerce and travel that factors are involved which have as much sanitary interest as any with which medical science has to deal.

"As the ultimate inquiry deals with the exact origin of the scourge, we may accept without cavil the finding of the Koch Commission, that the home and source of the comma bacillus is in the delta of the Ganges.

"The researches of Prof. Proust, inspector-general of the French sanitary service, are of immense interest in this connection. He reiterates that cholera is endemic in the portions of India named, and that under illy defined or comprehended conditions, the scourge becomes epidemic.

"As is well known, there was the origin of the epidemic which devastated Egypt in 1830, 1840, 1865, 1883, and in 1895.

"Prof. Proust's studies indicate an increase in the virulence of the germs at their very source. That region of the Ganges bounded upon the west by one of the branches of the Hoogly River, and upon the east by the Brahmapootra and extending as far into the interior as Benares, is the seat of endemic cholera. The region is triangular, its upper part inhabited, its base a desolate waste. The latter is the Swaderban region, covering an area of 7,500 square miles. Each high tide resembles an inundation, and, on subsiding, leaves vast areas of slimy ooze. Pernicious fever is almost certain to anyone staying in the locality. Add to these marshy masses the sewage brought by the great rivers from upper India and there is furnished the soil for the development of the cholera bacillus. These contaminated waters are used for drinking purposes by the natives. The introduction even of filters, instead of sterilizing apparatus, has reduced the death rate from cholera in Calcutta from 4,000 to 1,400 per year; the entire death rate of India has, however, increased about 20 per cent in ten years. From this and similar geographical situations, a stream of travel of Mohammedans is constantly going toward Mecca by way of the Red Sea. These pilgrims undergo no sanitary examination prior to their departure nor before their entry into Mecca. Pilgrims from other regions come by way of the Suez Canal and through the Red Sea.

"Leaving Mecca there is a constant stream of travelers from Mecca to Damietta, Alexandria, and Cairo. Coming in contact with pilgrims

from the regions where cholera is endemic, it necessarily follows that in their return the pilgrims from Egypt import the bacillus. This was unquestionably the source of the epidemic of 1895. It made its appearance about September, 1895, at Salhieh, a village north of the delta of the Nile. Cholera was epidemic at Mecca at this time, the period of the pilgrimage.

"A number of deaths occurred in the village named, before the sanitary officers appeared to be cognizant of the existence of the disease. Their attention was doubtless diverted by their confidence in the precautions taken by the quarantine council of Egypt.

"A month later the disease appeared suddenly at Damietta. In fact, it was only upon its appearance there that the malady was correctly diagnosed. Vigorous sanitary measures were at once begun by His Excellency Rogers Pasha, the director-general of the sanitary service of Egypt, and by his colleagues, Drs. Schiess Bey, Pinching, Bitter, Garner, and Prince Bey. Without aid from the international quarantine sanitary service, which was strangely apathetic, these former gentlemen, under the direction of H. E. Rogers, Pasha, by their courage and devotion undoubtedly limited the spread of the scourge.

"The path of the disease was up the Nile to the ancient city of Minzalda and following a branch of the Nile called the Bahr el Zughair (the little lake), remaining localized until the end of the year 1895. The first case in Alexandria appeared in January, 1896, where its progress was so successfully combated by Dr. Schiess Bey and Dr. Bitter that its extent was very limited during four months. The disease became epidemic in May, 1896, and very threatening, but the unceasing energy of the sanitary administration soon reduced the mortality to but few cases a day.

"Late in May cases of cholera were found in Cairo and its spread was rapid. The same praiseworthy devotion of the sanitary authorities promptly reduced the mortality to but two or three cases a day in a city of over half a million people.

"The British army operating against the dervishes of Upper Egypt was not exempt from many victims of cholera.

"The sanitary service following and checking the disease wherever it appeared, noted that the epidemic was much less virulent than those of 1865 and 1883.

"It is confidently believed and asserted by medical authorities here that the disease will vanish as soon as cold weather appears.

"The national quarantine against the introduction of cholera is as follows: By international agreement a sanitary cordon has been established upon the peninsula of Sinai.

"At these places returning pilgrims have their baggage disinfected, and are under surveillance for a period of ten days. If no cases of cholera appear, the pilgrims are dismissed. Should any cases appear, the pilgrims are detained at Gebel el Tor for ten days after the last case is discovered. * * *

"Your correspondent dwells upon the subject, as it is in reality the keynote to successful sanitary service in Egypt that its provisions be actually administered.

"The cold season appears here in October, when the cholera will probably be entirely suppressed.

"During the last season there was not one case of cholera among 6,860 tourists in Egypt. In point of fact, the last epidemic expended its force almost entirely upon the persons of the poor classes. It is the rule that

epidemics of cholera in Egypt disappear with the hot weather. To prevent the deportation of the disease to European and American ports, it has been decided that the rags for export, the principal fomites, should receive a thorough and detailed disinfection, to be done under competent and careful supervision. Each ship's cargo is to be accompanied by a certificate of disinfection.

"One of the principal sources of the direct infection among the natives has been found in their drinking vessels. These are made of porous earthenware and are used in common by all the members of a family, passed from mouth to mouth, and infection is common.

"In disinfection of stricken families and their belongings, these vessels are destroyed and new ones provided. The family clothing is burned and replaced at the Government expense. The walls, ceilings, etc., are washed liberally with corrosive sublimate, and subsequently white-washed.

"The mortality thus far (August, 1896) of the present epidemic is about 16,000.

"In consideration of the fact that the current of travel, which passes to many parts of Europe and thence to the United States, centralizes in Alexandria, your correspondent believes that the safeguard of these countries lies in the absolute exclusion of cholera from Egypt, and suggests the following provisions to that end.

"The Mohammedan exodus from India should be effectually stopped until it is shown that no pilgrim carries contagious or infectious disease with him. When pilgrims congregate prior to the departure for Mecca, rigid sanitary measures should be enforced, in order that no germ-laden devotee shall depart. Again, all pilgrims should be detained to determine whether any cholera exists among them. The secondary points of departure from Mecca should also be carefully guarded, which might best be done at the entrances of the Suez Canal.

"These recommendations should be impressed upon the British Government and their officials in India, to the end that the Asiatic cholera, in the present day of rapid transportation and large transcontinental travel, might not be permitted to follow all who may pass through India or have intercourse with those who have resided there, as it did with the recent arrival of a body of British troops from Bombay to Suakim, in Egypt, where several cases of the dread disease broke out, proving the fact that the source of the evil is in India.

"JAMES F. LOVE, M. D.

"EDWARD BEDLOE, M. D., *Philadelphia, Pa.*"

STATISTICAL REPORTS.

AUSTRALIA.—*New South Wales—Sydney.*—Month of June, 1896. Estimated population, 408,500. Total deaths, 410, including enteric fever, 13; scarlet fever, 1, and diphtheria, 11.

Queensland—Brisbane.—Month of June, 1896. Estimated population, 93,657. Total deaths, 85, including enteric fever, 3; diphtheria, 5, and whooping cough, 1.

Victoria—Melbourne.—Four weeks ended July 25, 1896. Estimated population, 1,140,405. Total number of deaths not reported. Deaths included enteric fever, 4; scarlet fever, 2, and diphtheria, 2.